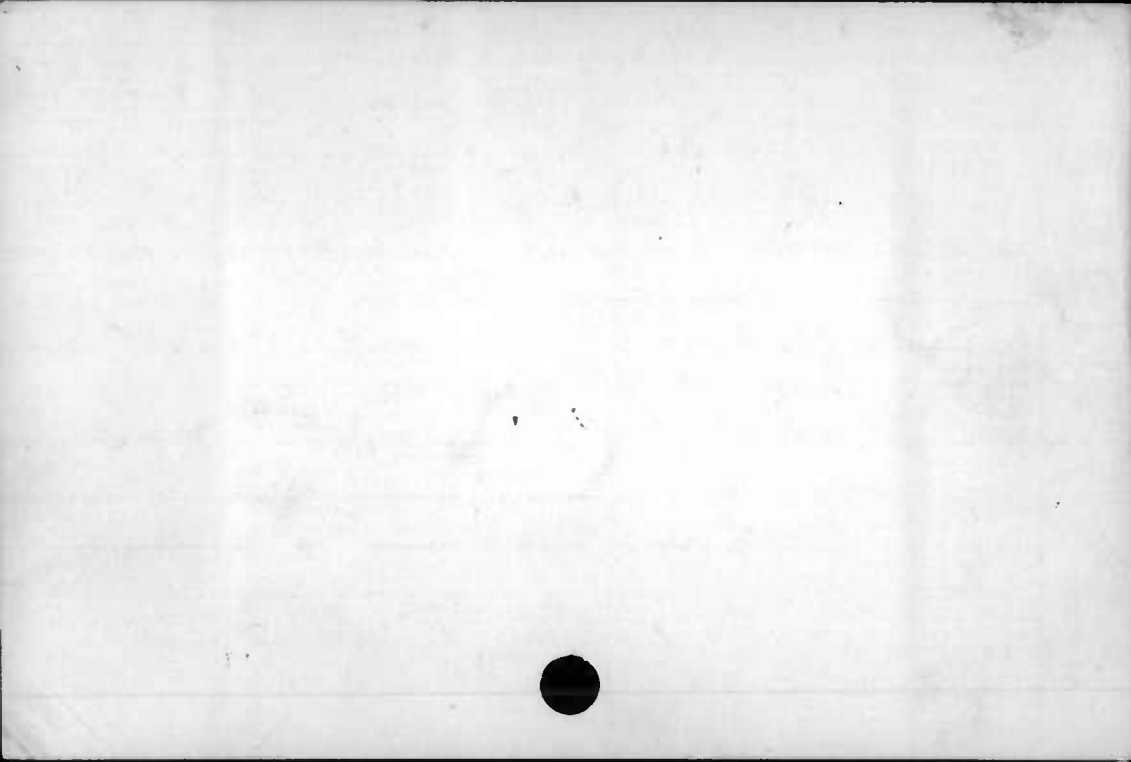


Name in Full <b>Jacob W Adams</b>		Town <b>Baltimore</b>		County <b>Wicomico</b>		CERTIFICATE OF DEATH	
Died at <b>Baltimore</b>		Date of death <b>1907 Nov 30</b>		Age <b>57</b>		MARYLAND	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Maryland</b>		Months <b></b> Days <b></b>	
Occupation <b>Mariner</b>		Where Residing If not at place of death <b>"</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Martha Horsey</b>					
Father's Name <b>Lee Adams</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Betsy Adams</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Martha Adams</b>		How related to deceased <b>wife</b>					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		<b>64</b>			
		Primary <b>Liver</b>		How long <b>20 yrs -</b>			
PHYSICIAN OR CORONER		Immediate <b>Cerebral Hemorrhage</b>		How long <b>12 hours -</b>			
		Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. B. Bishop M.D.</b>			
Accident or Suicide? <b>No</b>		Address <b>W. B. Bishop M.D.</b>		<b>Nautic - Md.</b>			



Name In Full <b>Lennie Bailey</b>		County <b>A</b>		CERTIFICATE OF DEATH	
Died at <b>Salisbury</b> Town		<b>Maryland</b>		MARYLAND	
Date of death <b>1907</b> Month <b>Nov</b> Day <b>18</b>		Age <b>18</b> Years		Months <b>—</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Wm</b>	
Occupation <b>Farm hand</b>		Where Residing if not at place of death <b>Wassawakee Va</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Henry Bailey</b>		Father's Birthplace <b>Va</b>			
Mother's Maiden Name <b>Caroline Bailey</b>		Mother's Birthplace <b>Va</b>			
Name of person giving information <b>Walter Bailey</b>		How related to deceased <b>Brother</b>			
CAUSES OF DEATH					
Primary <b>Gun shot wound thro' lungs</b>		How long <b>2-3 days</b>			
Immediate <b>Pyæmia</b>		How long <b>7 or 8 days</b>			
Are the name, age, sex, color, date and place correctly given above? <b>S. f. u. g. u. s.</b>		Signature of Physician <b>W. H. H. H.</b>			
<b>obtainable</b>		Address <b>Salisbury, Md</b>			
Accident or Suicide? <b>Accident</b>					

TO BE ANSWERED BY  
NEAREST FRIEND

6  
SICIAN  
OR CORONER

RECEIVED  
JAN 20 1900  
U.S. DEPT. OF AGRICULTURE

MAILED  
JAN 20 1900  
U.S. DEPT. OF AGRICULTURE

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

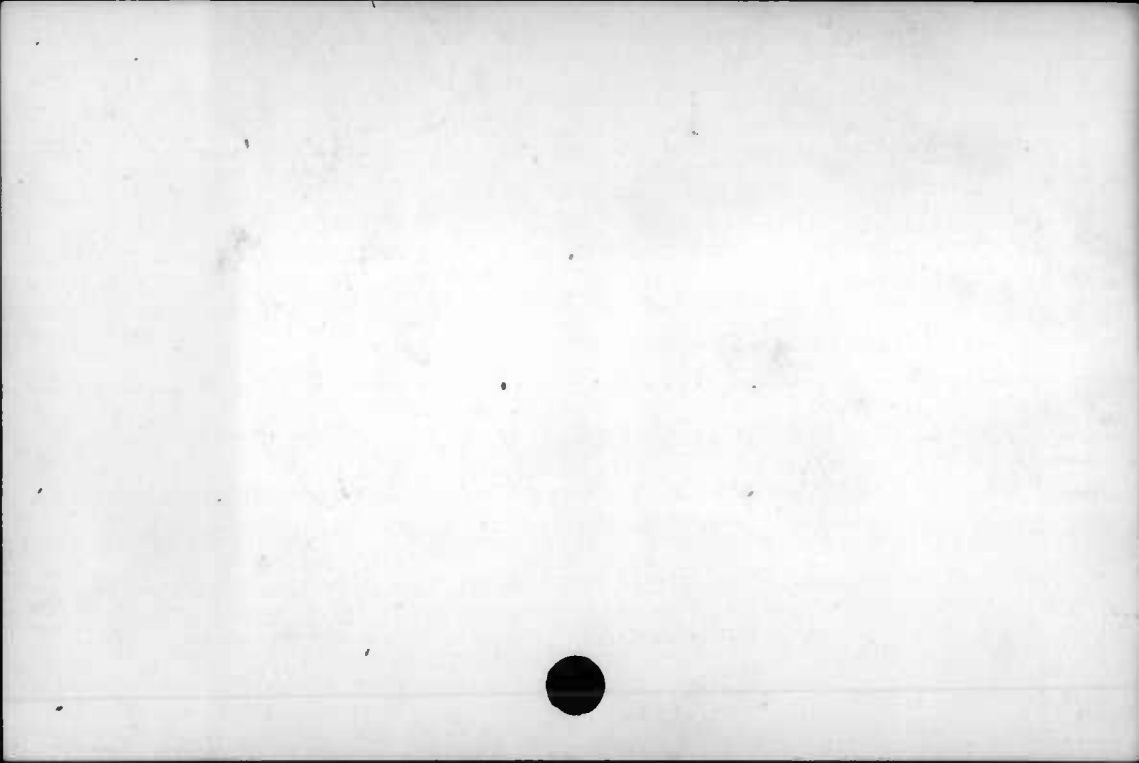
Died at <i>Nauticoside</i> <sup>Town</sup>		<i>W. Dennis</i> <sup>County</sup>		MARYLAND	
Date of death	190	Month	<i>Nov.</i>	Day	<i>5</i>
Age		19		Years	<i>0</i>
Sex		Female		Color or Race	<i>Colored</i>
Birth-place		<i>Nauticoside</i>		Occupation	
<i>Home-keeper</i>		Where Residing if not at place of death		<i>Home -</i>	
Married, Single or Widowed		Single		Name of Wife or Husband	
<i>Jesse M. Barclay</i>		Father's Name		Father's Birthplace	
<i>Nauticoside</i>		Mother's Maiden Name		Mother's Birthplace	
<i>Frances Washburn</i>		Name of person giving information		How related to deceased	
<i>Florence E Barclay</i>		<i>Sister</i>			

## CAUSES OF DEATH

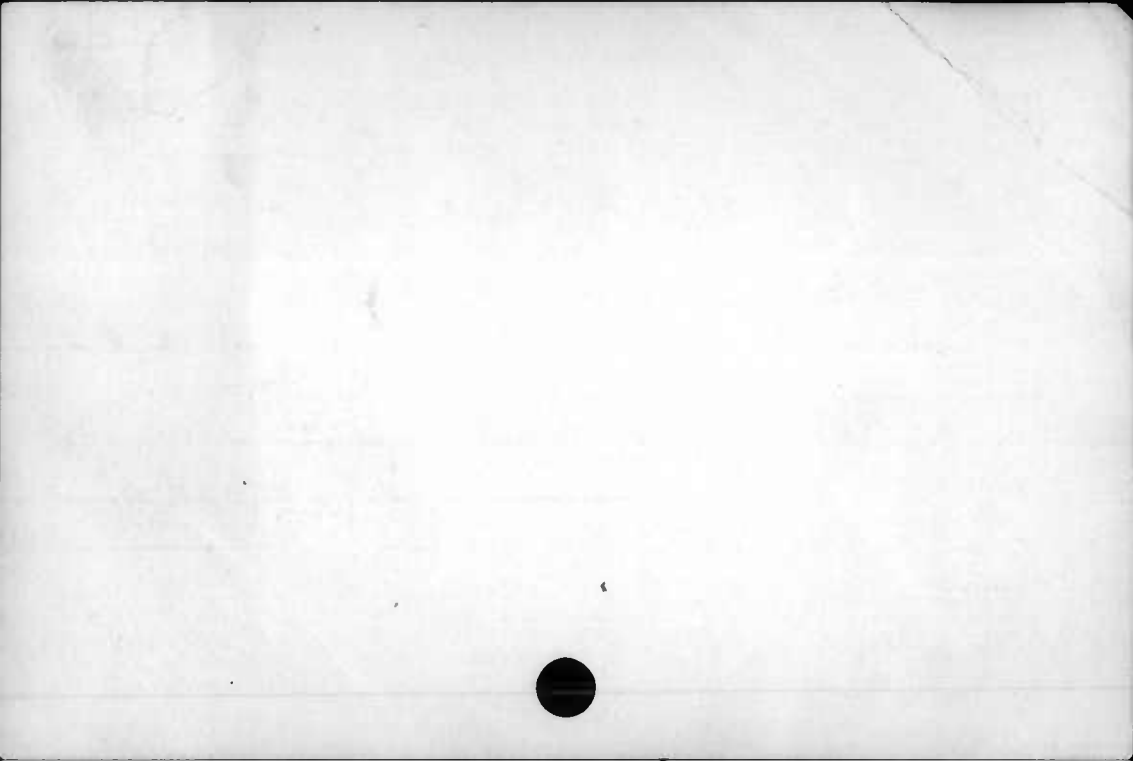
9

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 da</i>
Immediate	<i>Toxemia</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. P. Bishop M.D.</i>	
Address		<i>Nauticoside</i>	
Accident or Suicide?		<i>No</i>	



Name in Full		Sallie May Brittingham				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Powellville</i>		Town <i>Pocahontas</i>		County	
		Date of death <i>1907 Nov. 12<sup>th</sup></i>		Month <i>Nov.</i>		Day <i>12<sup>th</sup></i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Powellville</i>	
		Occupation <i>None</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
PHYSICIAN OR CORONER		Father's Name <i>Mitchell M. Brittingham</i>		Father's Birthplace <i>Near Berlin Md.</i>			
		Mother's Maiden Name <i>Sallie M. Pruitt</i>		Mother's Birthplace <i>Near Powellville Md.</i>			
		Name of person giving information <i>Mitchell M. Brittingham</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Burns in 3d degree</i>		How long <i>—</i>			
		Immediate <i>Shock</i>		How long <i>2 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. A. Hollander</i>			
		Address <i>Whaleyville Md</i>					
		Accident or Suicide? <i>Accident</i>					





Name  
In  
Full

Sallie A. Cantwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

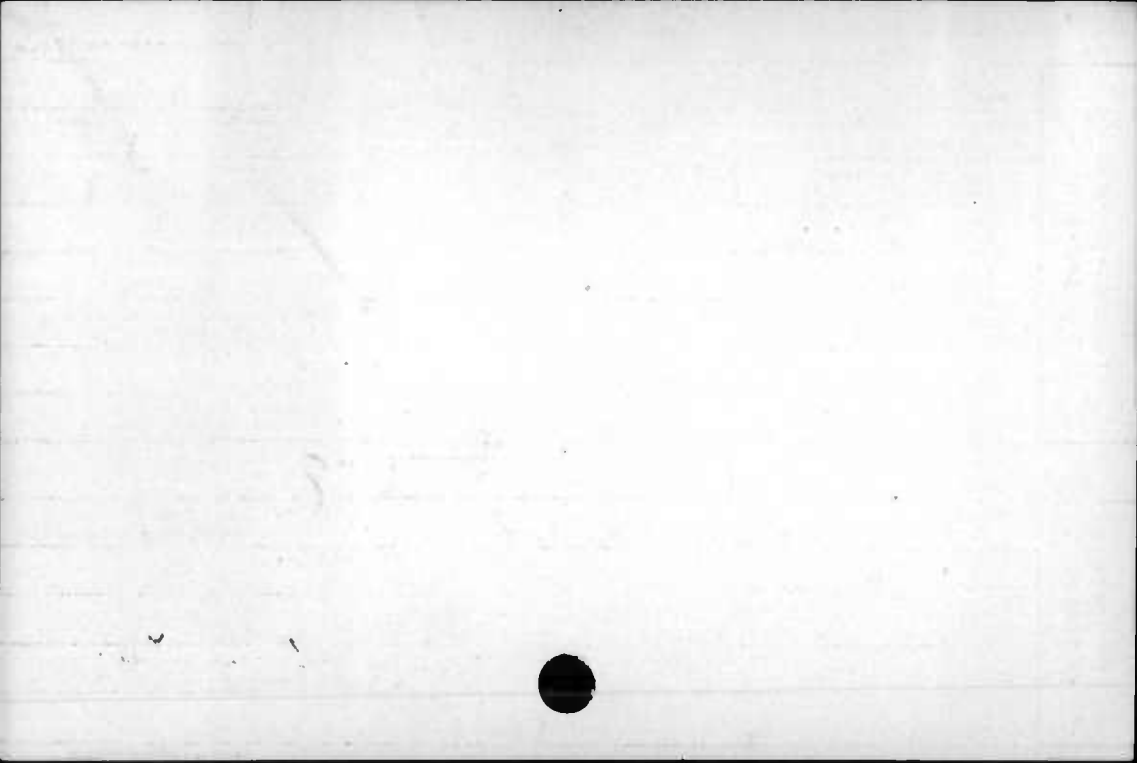
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>18th</i>	Age <i>70</i> Years	Months <i>2</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Wicomico Co. Md.</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>At Wicomico Wic. Co. Md.</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Noah Cantwell</i>				
Father's Name <i>Solomon Layfield</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eliza Fox</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs. Mary E. Cantwell</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

(178)

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Sudden, found in bed early morning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Stearns M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Moses G. Dashiell		Town Salisbury		County Wicomico	
Died at		MARYLAND			
Date of death	1907	Month Nov.	Day 22nd	Age 57	Months 0
Sex Male		Color or Race Black		Birth- place Wicomico Co. Md.	
Occupation Laborer			Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Anna M. Dashiell				
Father's Name Moses Dashiell	Father's Birthplace Wicomico Co. Md.				
Mother's Maiden Name Mary Lowe	Mother's Birthplace " "				
Name of person giving In formation Anna M. Dashiell	How related to deceased Wife				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>					
PHYSICIAN OR CORONER	Primary	Pulmonary Phthisis		How long	Don't Know.
	Immediate	Same -		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		Mary C Tule		
		Address		Salisbury, Md.	
		(over -)			
Accident or Suicide?					

I did not see him until few days ago -  
He also had Michael rejoining - W. Tull.

Name  
in  
Full

Elijah Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

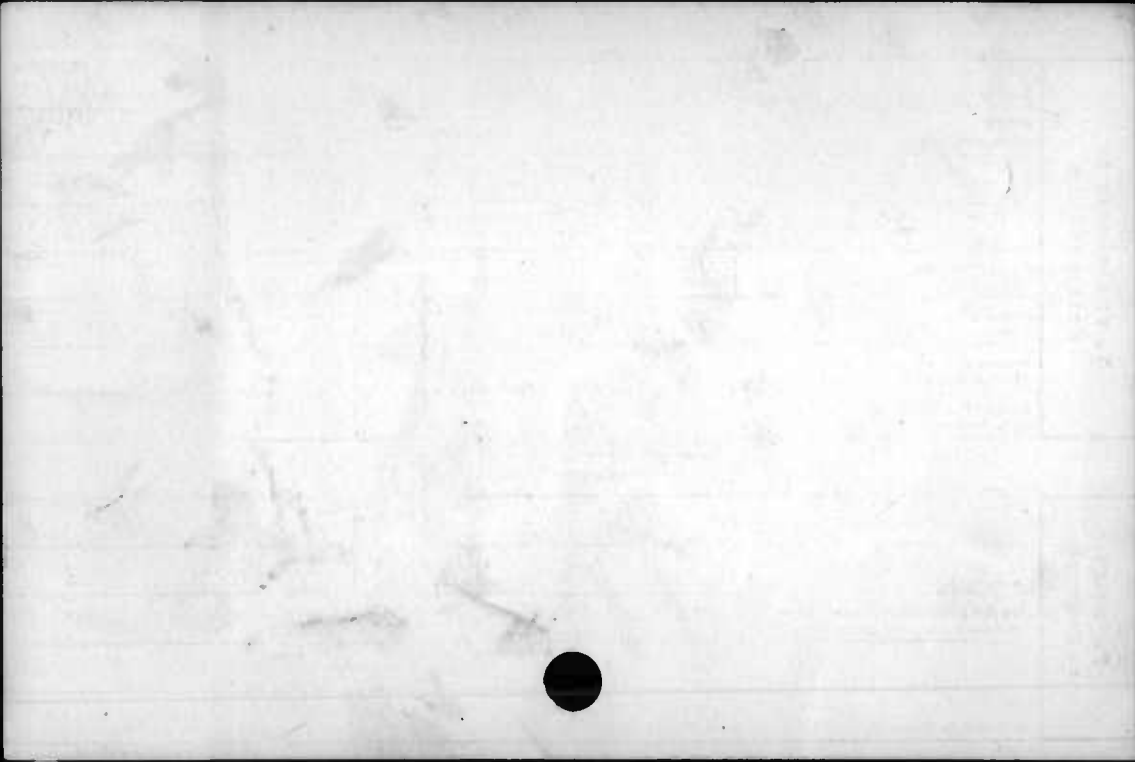
Died at <i>Treas Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	Nov	Day	19
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Farmers</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William James Davis</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elizabeth Parker</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Robert E. Jones</i>		How related to deceased <i>No relation</i>			

## CAUSES OF DEATH

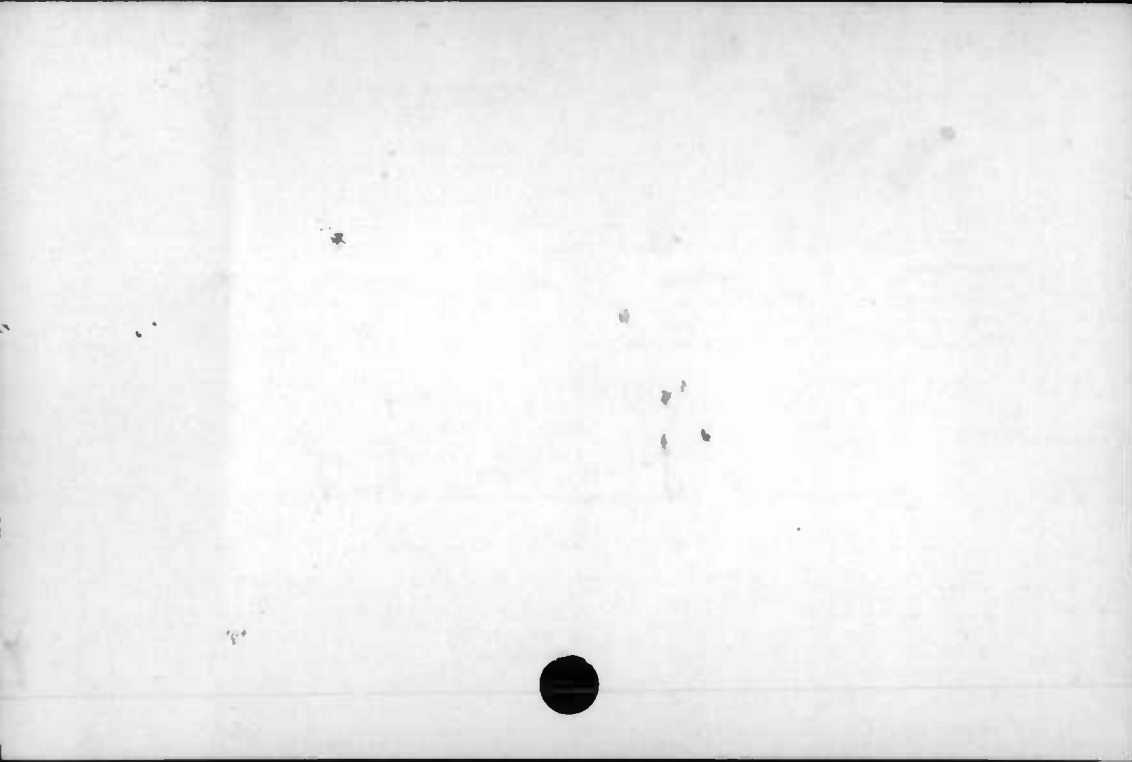
79

PHYSICIAN  
OR CORONER

Primary	<i>Aortic Insufficiency</i>	How long	<i>From Infancy</i>
Immediate	<i>Emphysema of the Stomach</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Geo. H. Spruitt</i>	
		Address <i>Parsonsburg, Wicomico Co Md.</i>	
Accident or Suicide?			



Name in Full		Edward T. Fowler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	1907	Month Nov.	Day 8	Age 54	Months 0	Days 0
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Railroading		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Handy Fowler				Father's Birthplace	Spring Hill Md.
	Mother's Maiden Name	Aurelia Toadvine				Mother's Birthplace	Snow Hill "
	Name of person giving information	Mrs. Arabella Fowler				How related to deceased	Wife
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	1 year?
	Immediate	Exhaustion				How long	months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		<div style="text-align: center;">Salisbury Md</div>					





Name  
in  
Full

Thomas J. Hayman

## CERTIFICATE OF DEATH

Died at *Salisbury* Town*Wicomico* County

MARYLAND

Date of death *1907* Month *Nov*Day *14*

Age

Years *77*

Months

*11* Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Md*

Occupation

*Farmer & Mason*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*Mary M. Hayman*Father's  
Name*James B. Hayman*Father's  
Birthplace*Md*Mother's  
Maiden Name*Eleanor Pallitt*Mother's  
Birthplace*Md*Name of person giving  
Information*Ida Gilbert*How related  
to deceased*Daughter*

## CAUSES OF DEATH

*106*

Primary

*Chronic Darrhage*

How long

*Several Months*

Immediate

*Insultion & Heart Failure*

How long

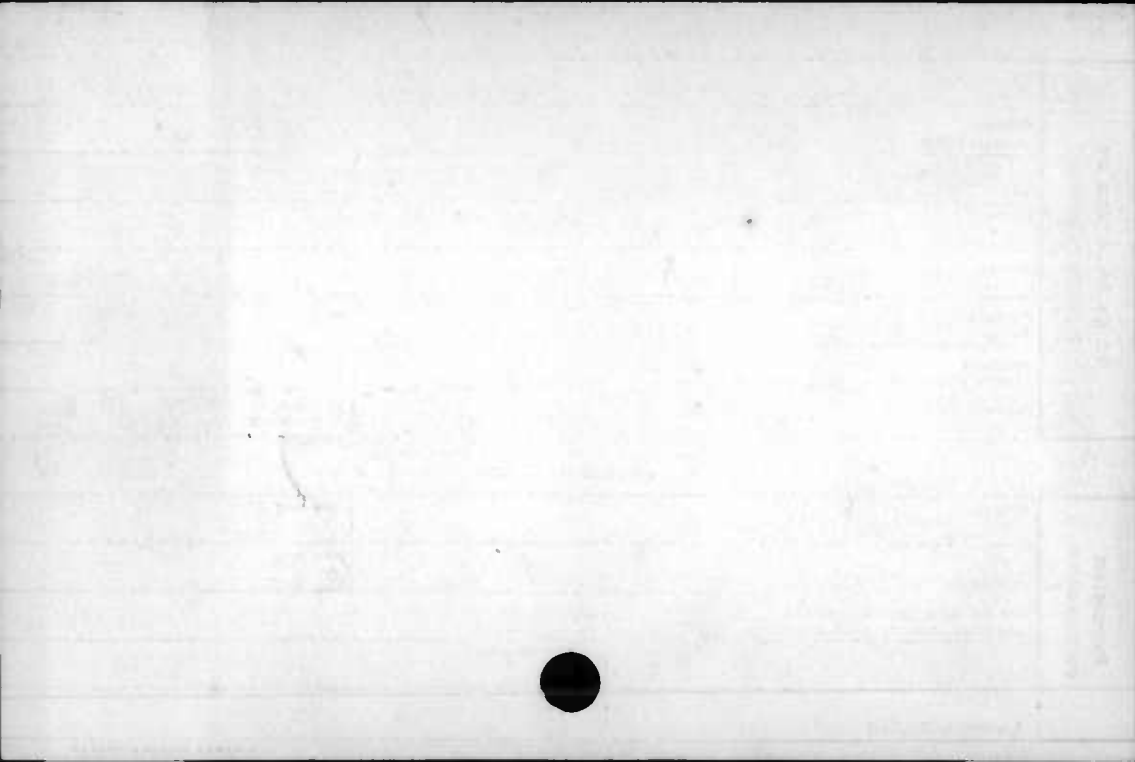
*Several days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. M. Stemons M.D.*

Address

*Salisbury**Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Beatrice O Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

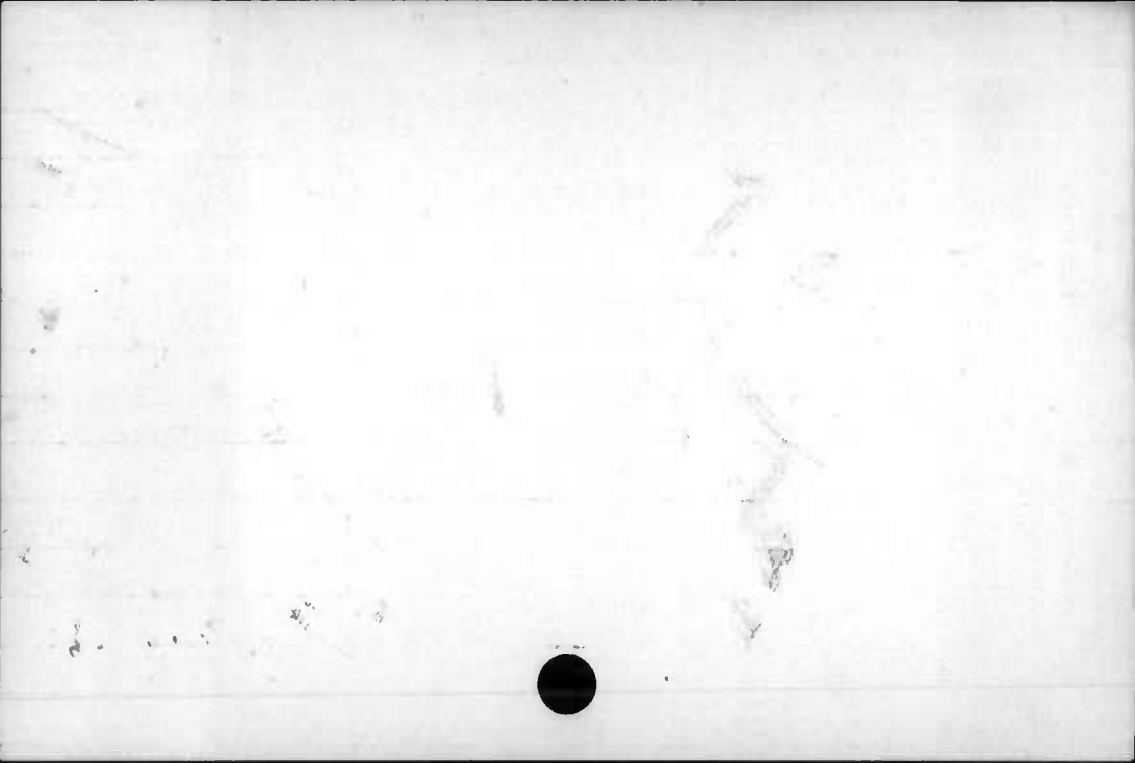
Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Nov	Day	16
Age	Years		1	Months	27
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>MD</u>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<u>Charles J Halland</u>			<u>MD</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Hertie V Williams</u>			<u>MD</u>		
Name of person giving information			How related to deceased		
<u>Charles J Halland</u>			<u>Father</u>		

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis with Purpura</u>		How long	<u>Months</u>
Immediate	<u>Anaemia of Brain Convulsions</u>		How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<u>yes</u>		<u>Dr. H. Todd</u>		
		Address		
		<u>Salisbury MD</u>		
Accident or Suicide?				



Name  
In  
Full

Infant no name : Hopkins

CERTIFICATE OF DEATH

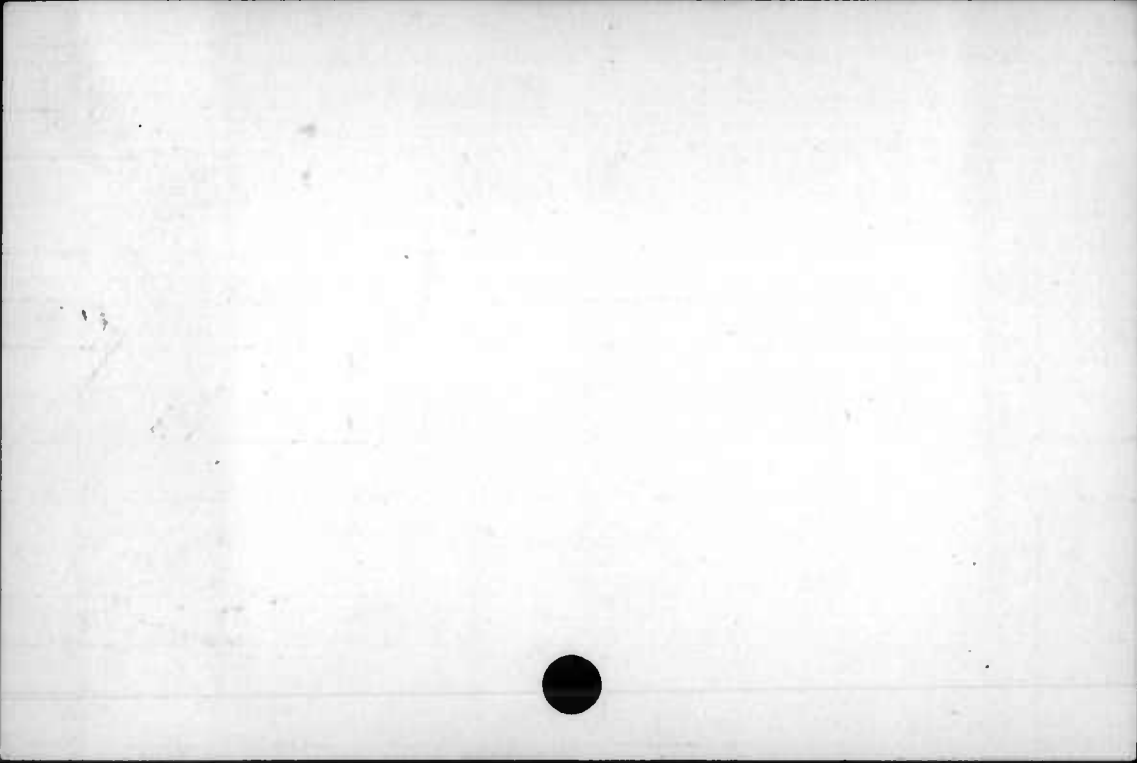
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	Nov	Day	10
Sex	male	Color or Race	white	Age	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Levin D Hopkins			Father's Birthplace	Md
Mother's Maiden Name	Kizzie E Murray			Mother's Birthplace	Md
Name of person giving information	Levin D Hopkins			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	—
Immediate	How long	—
Are the name, age, sex, color, date and place correctly given above?	yrs	
Signature of Physician	J. M. Clemmons M.D.	
Address		
Accident or Suicide?		



Name  
in  
Full

Martha E. Hudson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

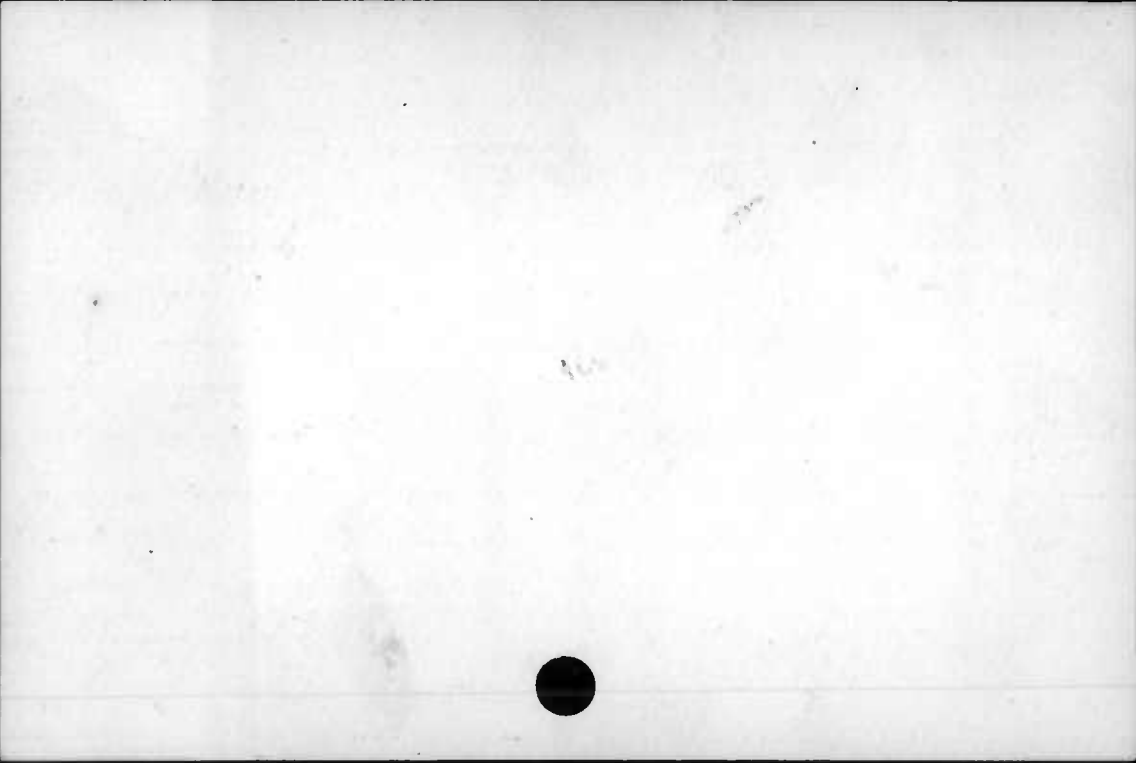
Died at <b>Freutland</b> <sup>Town</sup>		<b>Wicomico</b> <sup>County</sup>		<b>MARYLAND</b>	
Date of death <b>1907 Nov.</b> <sup>Month</sup>		<b>73</b> <sup>Years</sup>		<b>—</b> <sup>Months</sup>	
<b>Female</b> <sup>Sex</sup>		<b>Black</b> <sup>Color or Race</sup>		<b>Ind</b> <sup>Birth-place</sup>	
<b>Housework</b> <sup>Occupation</sup>		<b>—</b> <sup>Where Residing if not at place of death</sup>			
<b>Widow</b> <sup>Married, Single or Widowed</sup>		<b>Ebe Hudson.</b> <sup>Name of <del>Wife</del> Husband</sup>			
<b>Joshua Webb.</b> <sup>Father's Name</sup>		<b>Ind</b> <sup>Father's Birthplace</sup>			
<b>Don't know</b> <sup>Mother's Maiden Name</sup>		<b>Don't know</b> <sup>Mother's Birthplace</sup>			
<b>William J Hudson.</b> <sup>Name of person giving information</sup>		<b>Son.</b> <sup>How related to deceased</sup>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

<b>Primary</b> <b>Stroke &amp; Hemiplegia right side - 8 or 10 days</b>		<b>How long</b>
<b>Immediate</b> <b>Insult</b>		<b>How long</b> <b>3 or 4 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>F. M. Olemus M.D.</b>
		Address <b>Salisbury Md.</b>
Accident or Suicide?		





Name  
in  
Full

*Ernest Washington Humphreys*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

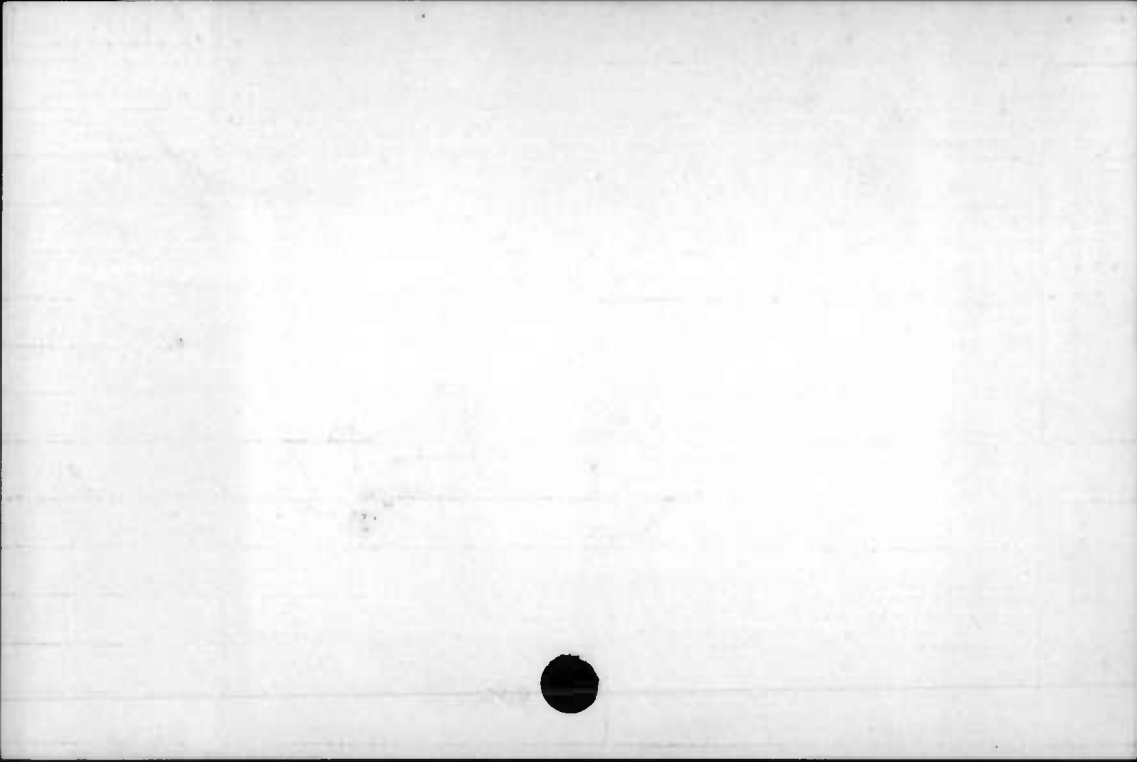
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	Nov	Day	24
Age	59	Years		Months	5
				Days	18
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury</i>
Occupation	<i>Physician</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs. Josephine Humphreys</i>		
Father's Name	<i>Humphreys Humphreys</i>		Father's Birthplace	<i>Salisbury</i>	
Mother's Maiden Name	<i>Elizabeth Parsons</i>		Mother's Birthplace	<i>do</i>	
Name of person giving information	<i>Thos. J. Humphreys</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

**119**

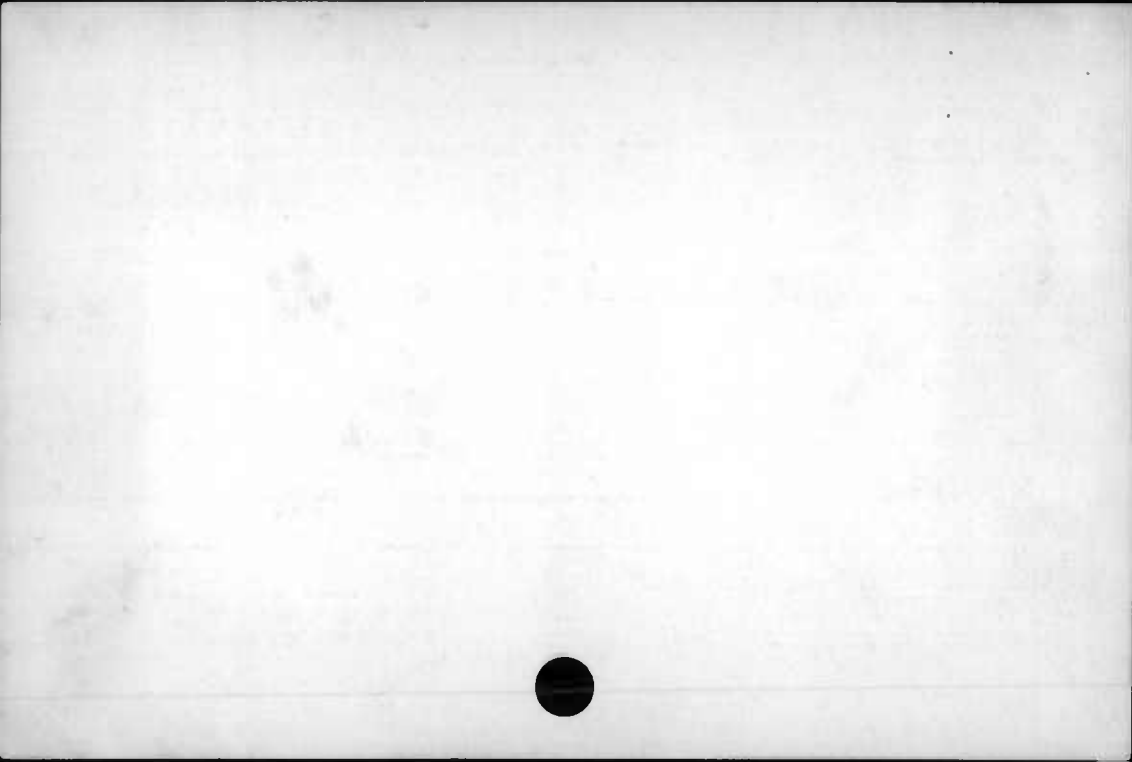
PHYSICIAN  
OR CORONER

Primary	<i>Acute Bright Disease &amp; Pneumonia</i>	How long	<i>15 days</i>
Immediate	<i>Pulmonary Embolism</i>	How long	<i>very short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis W. Wicomico M.D.</i>
		Address	<i>Salisbury</i>
Accident or Suicide?			



Name in Full		Sadie Virginia Humphreys				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tebicon		County		MARYLAND	
	Date of death	1907	Month Nov.	Day 12	Years Age	30	Months Days
	Sex	Female		Color or Race	white		Birth- place
	Occupation	House-works		Where Residing if not at place of death		Tebicon - Md	
	Married, Single or Widowed	married		Name of Wife or Husband		J. Emory Humphreys	
	Father's Name	A. F. Owens		Father's Birthplace		Innatieo Md	
	Mother's Maiden Name	Elizabeth Dijoy.		Mother's Birthplace		Seaford Del	
	Name of person giving In formation	J. Emory Humphreys		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Tuberculosis				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
					Address		
	Accident or Suicide?						

27



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North</i> <sup>Town</sup>		<i>Micomico</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Nov	Day	16
Sex	Female	Color or Race	Col	Age	43
Occupation	Homemaker		Where Residing if not at place of death	Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Robert Jones		
Father's Name	Mitchell Jones		Father's Birthplace	"	
Mother's Maiden Name	Lizzie Conway		Mother's Birthplace	"	
Name of person giving information	<i>H. H. Jones</i>		How related to deceased	Wife	

CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Benjamin P. Leverage

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

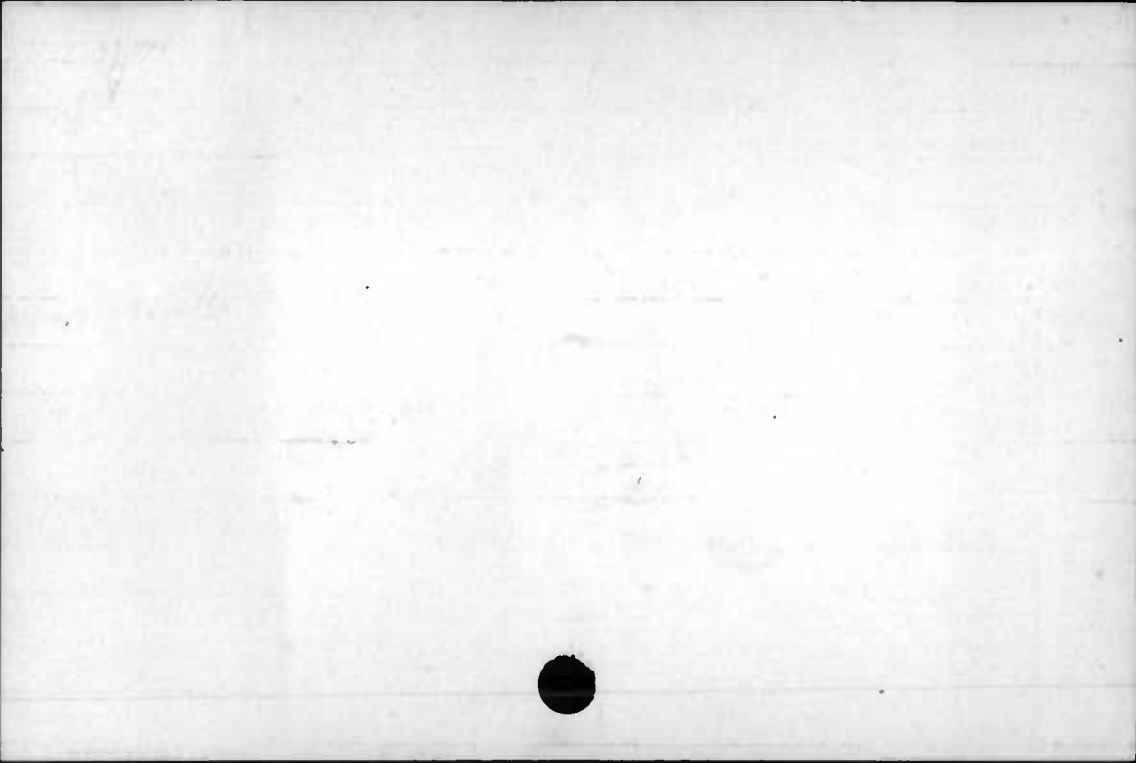
Died at <i>Near Allen</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>27</i>	Age <i>70</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Pennsylvania</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Leverage</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Joseph B. Parker</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Spoplexy</i>		How long	<i>6 or 8 hours</i>
Immediate	<i>Spoplexy</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Long</i>		
<i>yes</i>		Address <i>Allen</i>		
Accident or Suicide?		<i>Med</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

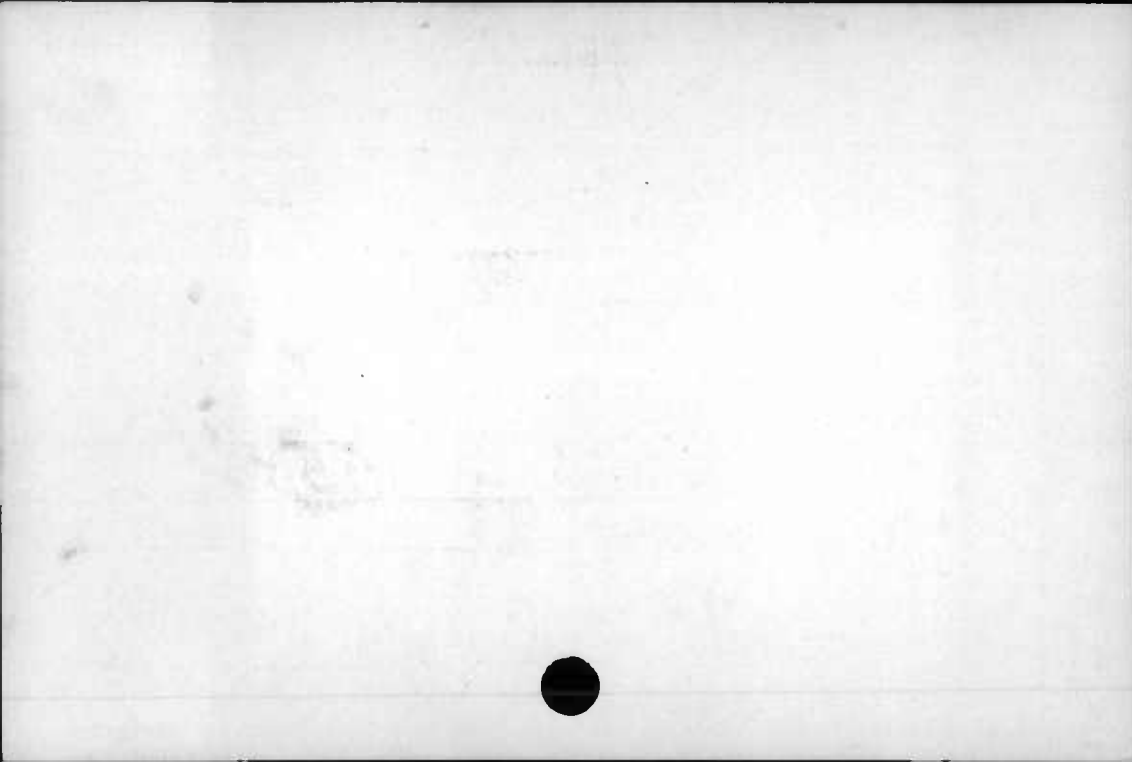
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Howard Mills</i>		Town <i>Neer Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>7th</i>		Age <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Lea Fayette Mills</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary E. Disharoon</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>Thomas B. Disharoon</i>		How related to deceased <i>Grandfather</i>					

## CAUSES OF DEATH

**179**PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	<i>Several weeks</i>
Immediate <i>Inanition</i>	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Clements M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

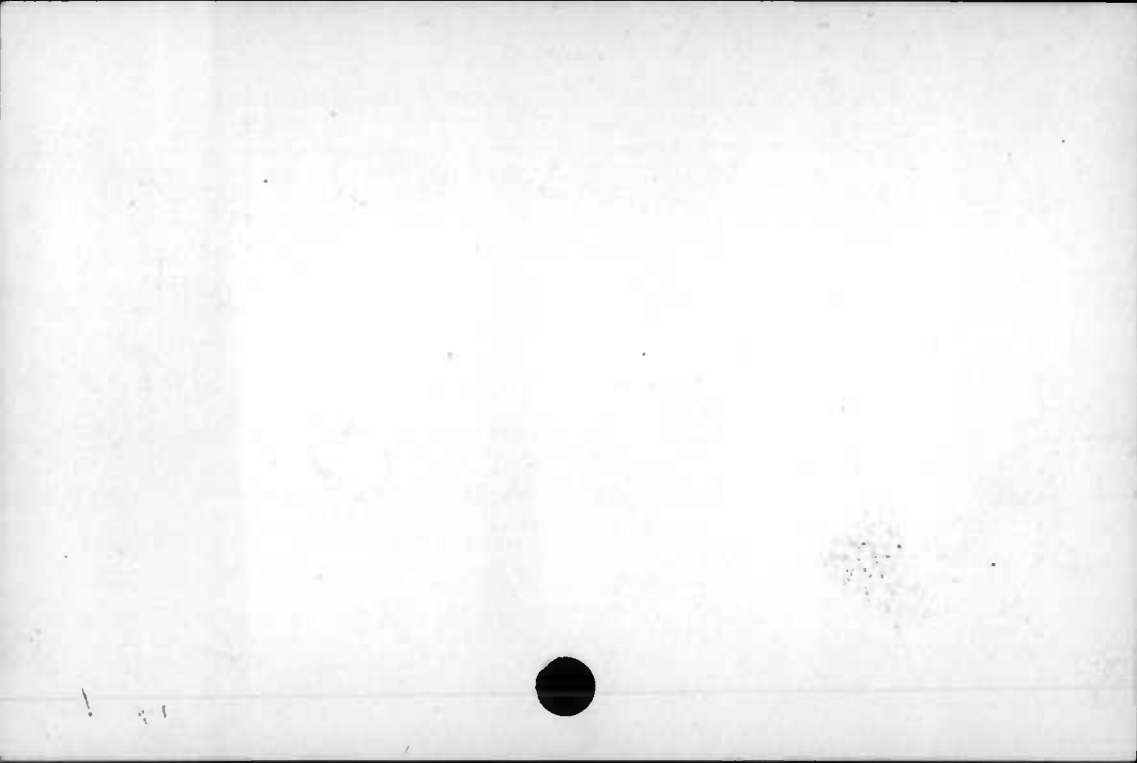
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	Nov	Day	2
Sex	male	Color or Race	Black	Age	4
Occupation			Birth place	<i>md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harry C. Hill</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name  
in  
Full

Hannah E. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

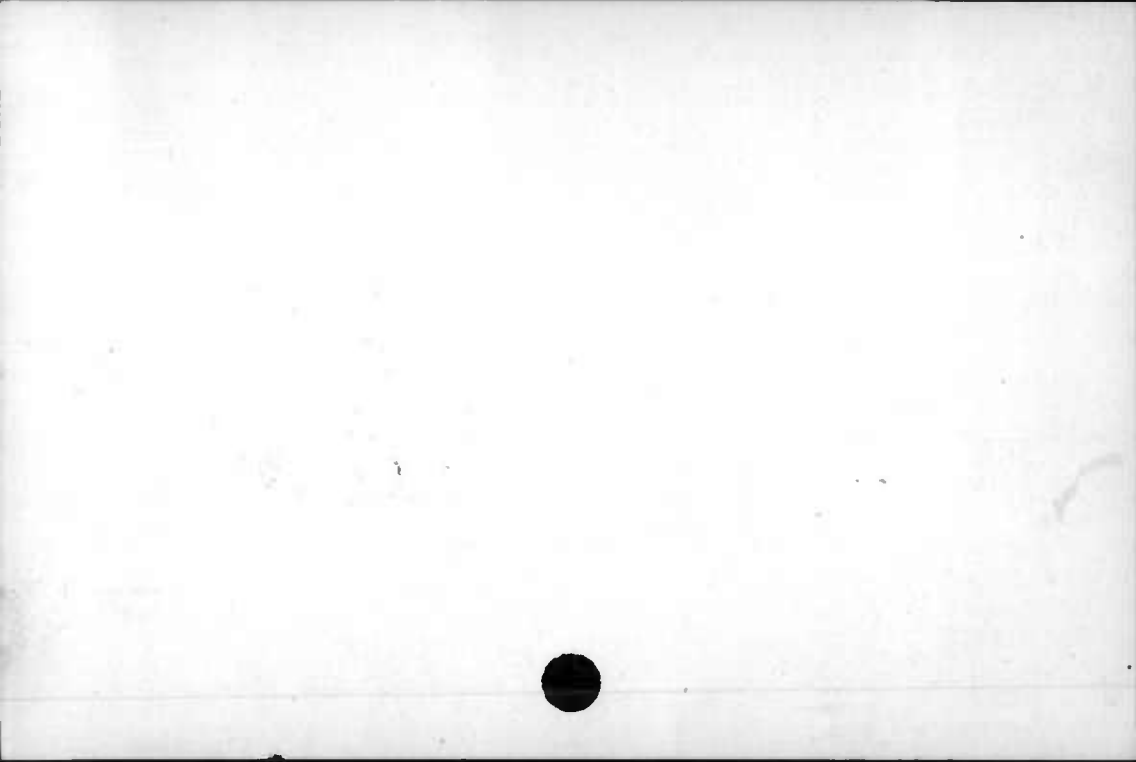
Died at <i>In Matters District</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Nov.</i> <sup>Month</sup>	<i>4<sup>th</sup></i> <sup>Day</sup>	<i>36</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Elijah H. Parsons</i>	Father's Birthplace <i>" " "</i>				
Mother's Maiden Name <i>Rebecca Shockley</i>	Mother's Birthplace <i>Worcester Co. Md.</i>				
Name of person giving information <i>Arona Hudson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>12 days</i>
Immediate <i>Hemorrhage of bowels</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Lodd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

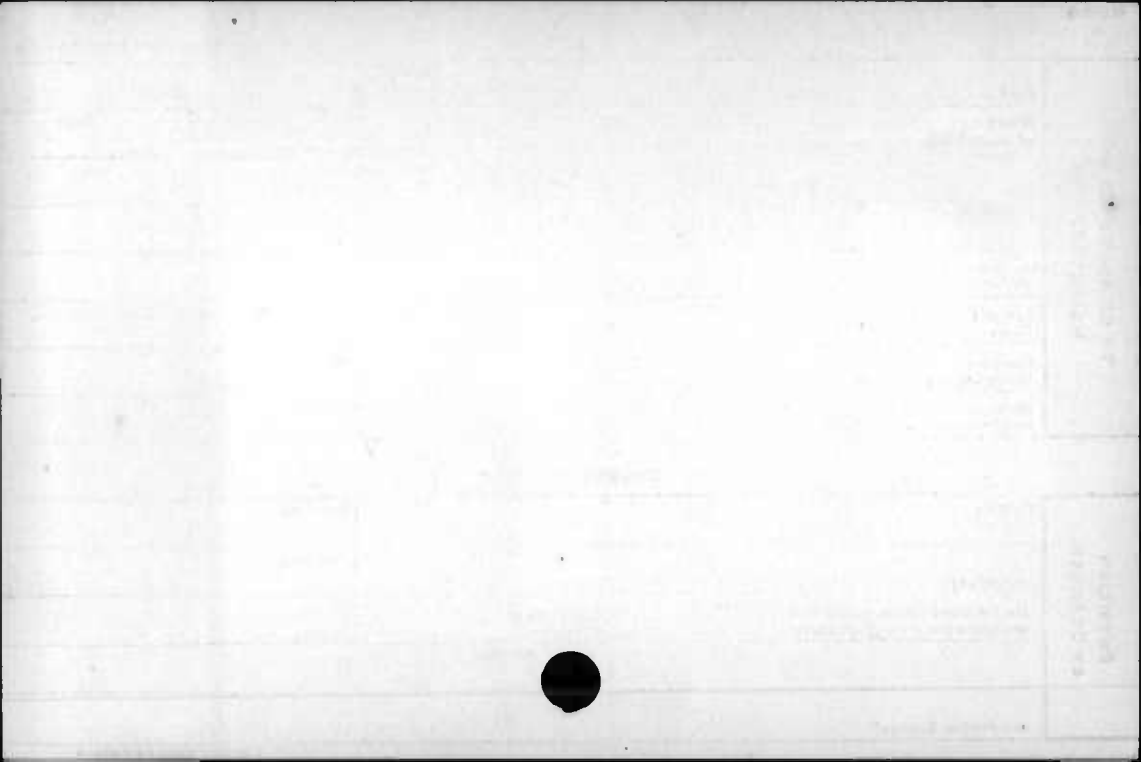
Name <i>James L Shookley</i>		Town <i>Salisbury</i>		County <i>Madison</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Salisbury</i>		<i>1907 Nov 27</i>		<i>44</i>		<i>4</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Henry Shookley</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lula Collins</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lula Collins</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

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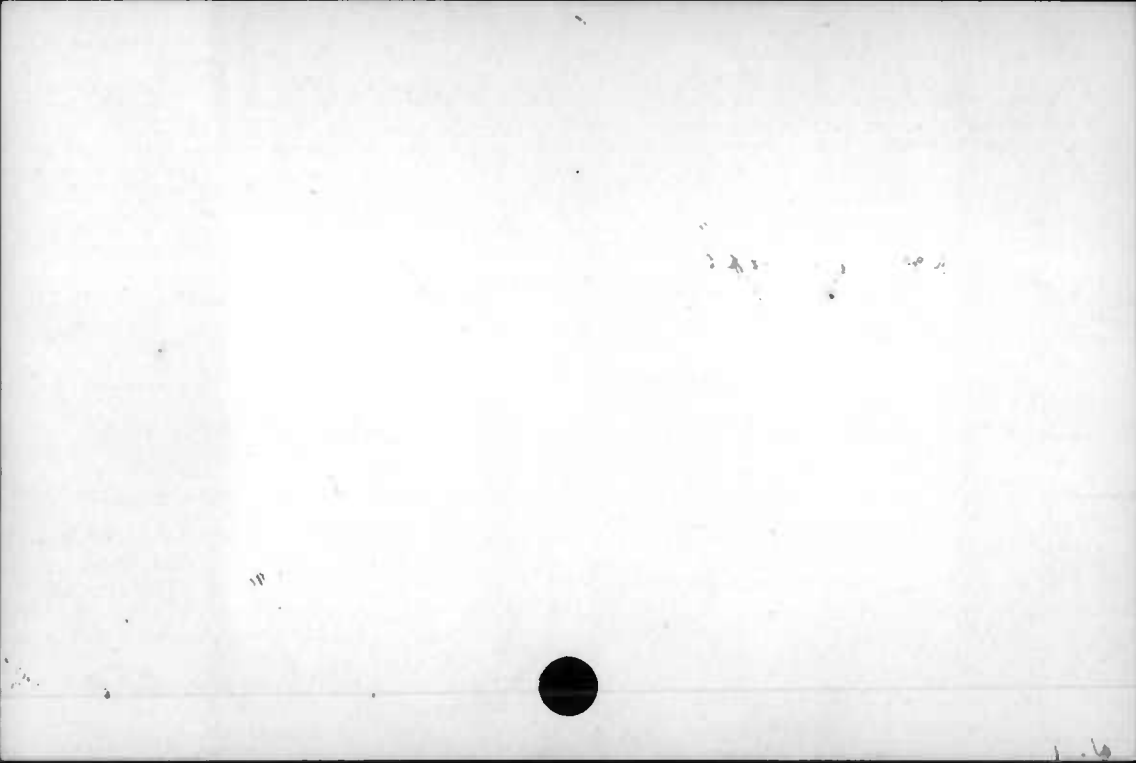
PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>6 weeks</i>
Immediate <i>Bruc. pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>De Alton B Porter</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide?	



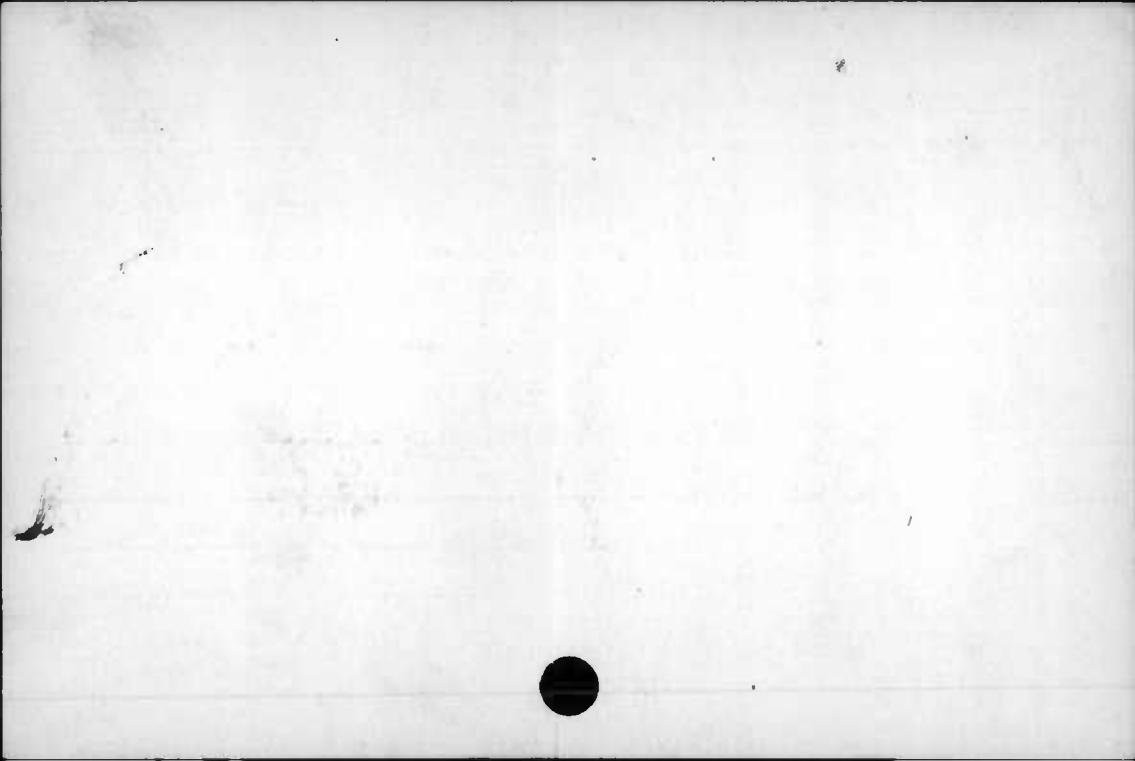


Name in Full		Certificate of Death			
Chorlie Ralph Smith		TOWN Salisbury COUNTY Worcester MARYLAND			
Died at		Date of death 1907 Nov 3 Age 9 Months 2 Days			
Sex male		Color or Race white		Birth-place Salisbury Md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Washington Smith		Father's Birthplace Md			
Mother's Maiden Name Irene Lewis		Mother's Birthplace Md			
Name of person giving information Washington Smith		How related to deceased Father			
CAUSES OF DEATH 61					
Primary		How long			
Immediate Acute Meningitis		How long 2 1/2 days			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. Alton B. Potter			
		Address Salisbury Md			
Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Powellhill</i>		County <i>Wicomico</i>		
		Date of death <i>1907</i>		Month <i>11</i>	Day <i>15</i>	Years <i>71</i>
		Sex <i>Female</i>		Color or Race <i>white</i>	Birth place <i>Near Powellhill</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Powellhill</i>		
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elyat James Truitt</i>		
		Father's Name <i>William Wimbro</i>		Father's Birthplace <i>Near Powellhill</i>		
		Mother's Maiden Name <i>Sallie Wimbro</i>		Mother's Birthplace <i>" "</i>		
		Name of person giving information <i>Geo W Truitt</i>		How related to deceased <i>son</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Burns of Second Degree</i>		How long <i>3 days</i>		
		Immediate <i>Shock</i>		How long <i>24 hours</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C A Holland</i>		
				Address <i>Whaleyville Md</i>		
		Accident or Suicide? <i>Accident</i>				

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Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

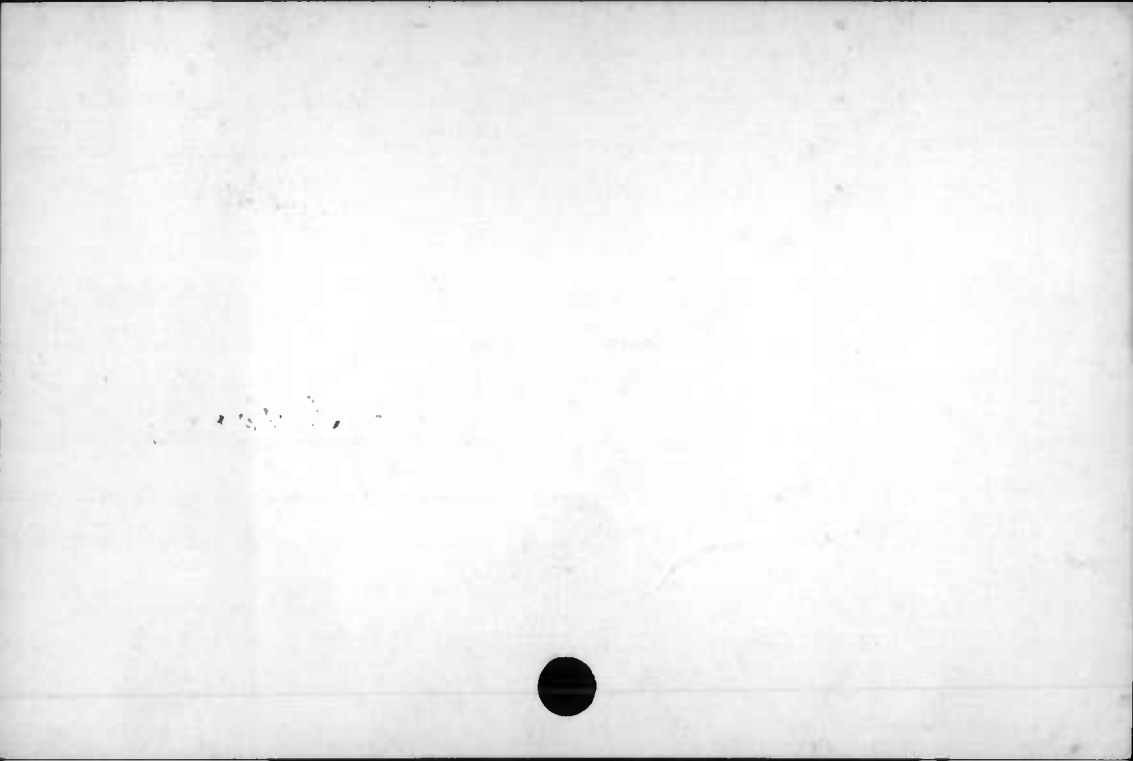
Died at <i>Joshua J. Ward</i>		Town <i>Near Wango</i>		County <i>Wicomico</i>		MARYLAND						
Date of death	1907	Month	Nov	Day	12 <sup>th</sup>	Age	81	Years	11	Months	25	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth place	<i>Wicomico Co. Md.</i>					
Occupation	<i>Farmer</i>					Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Ellen Ward</i>							
Father's Name	<i>Jenkins Ward</i>					Father's Birthplace	<i>" " "</i>					
Mother's Maiden Name	<i>Polly Sturgis</i>					Mother's Birthplace	<i>" " "</i>					
Name of person giving information	<i>Joseph H. Wimbrow</i>					How related to deceased	<i>Brother in Law</i>					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>old Age</i>		How long	<i>1 year</i>	
Immediate	<i>Congestion of the Lungs</i>		How long	<i>2 Days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician		<i>Dr Geo. H. Truitt</i>
			Address		<i>Parsonburg Md. Wicomico Co. Md.</i>
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at					
Date of death		Month	Day	Age	Months
1907		Nov	3		4
Sex		Color or Race		Birth-place	
Female		White		Hic Co	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Noah White		Hic Co			
Mother's Maiden Name		Mother's Birthplace			
A. Bell Malone		Hic Co			
Name of person giving information		How related to deceased			
Noah White		Father			

Pertussis

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	How long
	1 wk
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	
	Address
Accident or Suicide?	

